



Carriers Cargo Liability

Claim form

Privacy

We collect, use, process and store personal information and, in some cases, Sensitive Information about you in order to comply with our legal obligations and in order to assess your claim ('purposes'). By providing us or your intermediary with your Information, you consent to our use of this Information which includes us disclosing your Information where relevant for the purposes, to your intermediary, affiliates of the Zurich Insurance Group Ltd, other insurers and reinsurers, to our service providers (including loss adjusters and investigators), insurance reference bureaus, our business partners or as required by law within Australia or overseas. If you do not provide the requested information or consent to its collection and disclosure as described above, the assessment of your claim may be delayed or we may not accept the claim.

Zurich may obtain Information from government offices and third parties to assess a claim in the event of loss or damage.

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Please provide the following information/documentation where possible with your claim form

- Quotation for repair/replacement
- Consignment/freight/delivery note (showing terms and conditions)
- Packing/weight/ inventory/list
- Copy of the third party's 'Letter of Demand' and your response
- Any other evidence of loss or damage including photographs.

1 Insured details

Policy number Claim number

Insured name

Postal address State Postcode

Contact name

Contact number/s

Email

2 GST declaration

Are you registered for GST? Yes No If 'Yes', please provide ABN number

Have you claimed an input tax credit on the GST amount applicable to this policy? Yes No

If 'Yes', is the amount claimed less than 100%? Yes No

If 'Yes', please advise percentage of GST claimed is applicable to the premium %

3 Claim information

Date of loss/damage / / Date of dispatch / / Date of arrival / /

Place of dispatch Place of arrival

When was loss/damage first discovered? / /

Please provide details of the loss/damage incident

.....

Where did the loss occur?

Please provide details of the goods involved

Address where damaged goods can be inspected

.....

3 Claim information (continued)

Consignee name and address

Consignor name and address

Has the event been reported to the police? Yes No If 'Yes', please advise name and location of police station

Police report number

Has a claim been made against you? Yes No If 'Yes', please advise amount of claim and attach a copy of the demand \$

If 'No', do you expect a claim to be made against you? Yes No

Have you denied liability in writing? Yes No If 'Yes', please attach a copy of communication

Do you consider you are liable for this loss? Yes No Please provide details to support your response

Were there any independent witness to the event? Yes No If 'Yes', advise name, address and contact numbers

Accident involving you or your subcontractors vehicle

Details of vehicle

Registration

Vehicle insurer details

Driver name/address/contact number

Please indicate if the driver was employed by You Your subcontractor

Length of employment (years/months)

Carrier

Please indicate if goods were carried By you as the principal carrier (did you charge your sub-contractor insurance premium?)
 By you as a subcontractor for another carrier (were you charged insurance premium?)
 By a subcontractor engaged by you – please provide name, address and contact number

Please indicate if the receipt given to your driver was Clean Qualified

Were the goods carried on your own vehicle(s)? Yes No

Did your driver personally count or check the consignment? Yes No

Please provide details of the packing of the goods

Please provide details of goods stowed and sheeted

Other Insurance Cover

Do the owners of the goods have their own insurance on this consignment? Yes No
If 'Yes', please provide details of insurance company

3 Claim information (continued)

Standard conditions of carriage

Was a consignment note issued for the transit? Yes No If 'Yes', please attach your copy

Was the consignment note signed prior to the commencement of the transit? Yes No

Was the consignor already aware of your standard conditions of carriage? Yes No

Was the transit subject to your standard conditions of carriage as approved by us? Yes No

If 'No', please attach a copy of the conditions of carriage that applied

If you responded 'No', to any question under standard conditions of carriage, please provide full details

Are you aware of any reason why you could not rely on your standard conditions of carriage and deny liability for loss of or damage to goods as a result of the event described in this claim form? Yes No

If 'Yes', please provide details

4 EFT payment details (please complete this section if you require payment directly into your account)

Account name Account number

Bank name BSB Number

Bank address State Postcode

Overseas payment

Swift Code ABA Code Sort Code

5 Declaration

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information. I understand that Insurers do not admit liability by the issue of this form.

Name (Please print)

Signature of insured Date / /